

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK • AMHERST • MA • 01002
Office (413) 256-4077 Fax (413) 256-4053
Environmental Health (413) 256-4033
www.amherstma.gov

FOOD ESTABLISHMENT APPLICATION

Name of Establishment _____ Date _____

Business Address _____ Business Phone _____

Mailing Address (if different) _____

Owner _____ Owner's Phone _____

Address of Owner _____

Name & Title of Applicant (if different from Owner) _____

If Corporation or partnership, give name, title & home address of officers or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Home Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

State of Incorporation _____	Name & Address of Local Agent _____
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Emergency Response Person: Name _____ Home phone _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be Paid</u>
Bakery	125.00	<input type="checkbox"/> Annual	_____
Catering	125.00		_____
Food Establishment	275.00	<input type="checkbox"/> Temporary	_____
Food Service Plan Review	175.00		_____
Frozen Dessert	75.00		_____
Mobil Food*	115.00		_____
Residential Kitchen	50.00		_____
Retail	175.00		_____
Special Events/Temporary	45.00/35.00 non-profit		_____
Supermarket	800.00		_____
			Total _____

Please Note The Following Late Fees Will Be Enforced
First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.00
No Charge for Initial Inspection & First Re-inspection. \$75.00 Each Inspection Thereafter.

See over for additional information and signatures→

ADDITIONAL INFORMATION

Water Source ☐ Town ☐ Well **Sewage Disposal** ☐ Town ☐ Private **Grease Trap** ☐ Yes ☐ No

Days & Hours of Operation _____ **Number of Seats** _____

Food Being Served: _____

Persons Trained in Anti-Choking Procedures (if 25 seats or more) ☐ Yes ☐ No **How Many?** _____

*******Must Submit Copies of Anti-Choking Certifications for Each Individual*******

***MOBILE FOOD UNITS OR PUSHCARTS**

☐ **COPY OF PEDDLAR'S LICENSE** ☐ **LIST OF HAND WASHING AND TOILET FACILITIES**

Submitted Applications to: ☐ Board of Selectman ☐ Fire ☐ Police

TEMPORARY PERMIT

Start Date: _____ **End Date:** _____

√Signature of Applicant

Social Security Number or Federal Identification Number

Pursuant to M.G.L. CH. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all State Taxes required under law.

√Signature of Individual or Corporate Name

By _____

Corporate Officer (if applicable)

Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. [☐] I am an employer providing the following workers compensation coverage for my employees
_____ (Policy # / Insurance Company)

2. [☐] I am not required to have workers' compensation insurance under M.G. L. c. 152, Sect. 25 (c) (6)

***Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.**

PAYMENT IS DUE WITH COMPLETED APPLICATION

**Return to: Environmental Health Services
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002**

Make Check Payable to: Town of Amherst